UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

OFGS FILE NO. P/3610-66

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FUNGICIDAL COMPOSITION COMPRISING A PYRIDYLMETHYLBENZAMIDE DERIVATIVE AND A SULFAMIDE DERIVATIVE

the specification of which is attached was filed on October 28		•		mational pa	atent			
application number PCT/E	(if any).							
I hereby state that I have reviewed amendment referred to above. I acknowledge the duty to disclose §1.56. I hereby claim priority benefits und States provisional application(s) listed before that of the application on which	all information known t er Title 35, United State below and have also id	o be material to pate	entability in accordance foreign application(s)	e with Title	37, Code of Federal Regulations,			
Prior Foreign or Provisional Application	on(s)							
COUNTRY	APPLICATION	NUMBER	BER DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 U.S.C. 119			
Europe	033561	70.5	31 October 2003		YES NO			
					YES NO			
					YESNO			
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)			STATUS (patented, pending, abandoned)				

		<u></u>						
								
I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Reg. No. 18,510; Robert C. Faber - Reg. No. 24,322; Max Moskowitz - Reg. No. 30,576; James A. Finder - Reg. No. 30,173; William O. Gray, III - Reg. No. 30,944; Louis C. Dujmich - Reg. No. 30,625, and Douglas A. Miro - Reg. No. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.								
SEND CORRESPONDENCE TO:								
I hereby declare that all statements be true; and further that these statement imprisonment, or both, under Section application or any patent issued thereo	luul of litle 18 of the l	knowledge are true knowledge that will United States Code,	and that all statements ful false statements and and that such willful fa	made on ir the like so alse stateme	nformation and belief are believed to made are punishable by fine or nts may jeopardize the validity of the			
FULL NAME OF SOLE OR FIRST INVENTO	PR	INVENTOR'S SIGNA	TURE		DATE			
Thomas WEGMANN	·	· · · · · · · · · · · · · · · · · · ·						
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Im Bruchfeld 27, 40764 L	agenfeld, Germ	any						
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POST OFFICE ADDRESS 14. rue du Domaine, F-69	130 Ecully Fra	 nce						

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COUNTRY	APPLICATION NUMBER	MBER DATE OF FILI (day, month, ye				
		· · · · · · · · · · · · · · · · · · ·		YES NO		
				YES NO		
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*				YES NO		
				YES NO		
				YES NO		
				YES NO		
				YES NO		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
FULL NAME OF THIRD JOINT INVENTOR, IF ANY Marie-Pascale LATORSE		INVENTOR'S SIGNATURE		DATE		
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post office address Lieu Dit "La Poste" - RN7	, F-69490 Saint Romair	n de Popey, France				
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FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE		
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FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE		
RESIDENCE (City and either State or For	 	COUNTRY OF CITIZENSHIP				
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